HAINES BOROUGH

CITIZEN COMPLAINT FORM

P.O. Box 1209 ♦ 103 Third Avenue S.
Haines, Alaska 99827
Ph: 907-766-2231 ♦ Fax: 907-766-2716
www.hainesborough.us

Today's Date:

Your Contact Information – We may need to contact you to further discuss the issue, so you are strongly advised to tell us how to get a hold of you. NOTE: If you choose to submit your complaint anonymously, please be advised that we will not be able to contact you for more information or to let you know the issue has been resolved.

Name: (first, middle initial, last)

Mailing Address: (address, city, state, zip code)

Physical Address: (address, city, state, zip code)

Home Phone: (include area code)

Work Phone: (include area code)

Email:

Complaint/Concern: Please describe the complaint in detail, including who, what, when, where and why. Please ensure that your narrative is clear enough to give a reader, with no prior knowledge of the situation, a complete understanding of the problem. (Attach additional pages or use the backside of this form, if necessary.)

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How do you suggest the borough resolve this complaint? _____
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For Borough Use Only

Complaint Number:	Date Received by Borough Clerk:
Forwarded for Response to/date:	Copy to Manager/date:

Results of Investigation: _____
_____
_____
_____
_____

Action Taken

♦ Complainant Contacted regarding Results of Investigation:

_____ _____
Contacted by Date

♦ Action:

Form Received by: _____
Date Stamp:

☐ Date-stamped copy given to complainant